

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

| | | | |
|---|-------------------------|---|--------------|
| 1 Date of Request: | 2 Serial/Patent # _____ | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED |
| <input checked="" type="checkbox"/> Filing | | | \$ |
| <input type="checkbox"/> Amendment | | | \$ |
| <input type="checkbox"/> Extension of Time | | | \$ |
| <input type="checkbox"/> Notice of Appeal/Appeal | | | \$ |
| <input type="checkbox"/> Petition | | | \$ |
| <input type="checkbox"/> Issue | | | \$ |
| <input type="checkbox"/> Cert of Correction/Terminal Disc. | | | \$ |
| <input type="checkbox"/> Maintenance | | | \$ |
| <input type="checkbox"/> Assignment | | | \$ |
| <input checked="" type="checkbox"/> Other <i>Search fee adjustment</i> <i># in bold code</i> | | | \$ 150 |
| | | 7 TOTAL AMOUNT OF REFUND | \$ 150 |
| 8 TO BE REFUNDED BY: | | | |
| <input type="checkbox"/> Overpayment | | Treasury Check | |
| <input checked="" type="checkbox"/> Duplicate Payment | | Credit Deposit A/C #: 9 15--0461 | |
| 10 REASON: | | | |
| <input checked="" type="checkbox"/> <input type="checkbox"/> No Fee Due (Explanation): | | | |
| 11 REFUND REQUESTED BY: | | | |
| TYPED/PRINTED NAME: | | KAYA LEWIS-BALTIMORE | |
| SIGNATURE: | | <i>Kaya B. L.</i> | |
| OFFICE: | | DOJ ED | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY ***** | | | |
| APPROVED: | | DATE: | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B